

**WARNER ROBINS RECREATION DEPARTMENT
CONSENT TO CONDUCT BACKGROUND CHECK**

Sport: _____

Date: _____

FULL LEGAL

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRATION ____/____/____

MALE or FEMALE (Circle one) U.S. CITIZEN: YES ____ NO ____ RACE _____

I _____, by execution of this document, give the Warner Robins Recreation Department permission to conduct a background check regarding my qualifications to participate in the Warner Robins Recreation Department programs. This background check includes, but is not limited to, a records check to determine whether I have ever been convicted of a crime or have a criminal record.

I certify that NO I have not been or YES I have been convicted of or I have been arrested for, or am currently charged with any of the following crimes:

(Yes or No) 1. Simple Battery, where the victim is a minor or adult.

(Yes or No) 2. Aggravated Battery, where the victim is a minor or adult.

(Yes or No) 3. Cruelty to children.

(Yes or No) 4. Contributing to the delinquency of a minor.

(Yes or No) 5. Any sexual offense.

(Yes or No) 6. Violation of any Controlled Substance Act.

(Yes or No) 7. Alcohol related violations.

(Yes or No) 8. Murder or Felony Murder.

(Yes or No) 9. Criminal attempt to commit any above named offense.

(Yes or No) 10. Any other crime that bears upon my fitness to have responsibility for safety and well being of children.

I acknowledge that the Warner Robins Recreation Department may choose to deny me a coaching position or may choose to deny me unsupervised access to a child or children pending the completion of the background check; and I further agree to hold the Warner Robins Recreation Department and / or the City of Warner Robins harmless regarding any liability for defamation, invasion of privacy, or any other claim based upon good faith action taken pursuant to the provisions of this consent. To the extent allowed by law, ALL BACKGROUND CHECKS ARE KEPT CONFIDENTIAL.

This _____ day of _____, 200__.

Applicant Signature _____

Sworn to and subscribed before me this _____ day of _____, 200__.

Notary Public My Commission Expires: _____

THIS APPLICATION NEEDS TO BE TURNED BACK INTO THE ATHLETIC OFFICE BY _____